

Fertility Awareness Education programme.

Field Report 1

A local probe into existing Beliefs
relating to Fertility, Reproduction &
Sexuality.

04555

Community Health Cell
Library and Documentation Unit
BANGALORE

FERTILITY AWARENESS EDUCATION PROGRAMME

Field Report No.1

A Local Probe into Existing Beliefs
relating to Fertility, Reproduction
and Sexuality

May 1988*

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THE FERTILITY AWARENESS EDUCATION PROGRAMME

Kishore Bharati's Programme of Fertility Awareness Education is set within a double framework of People's Science and Women's Liberation. The programme is in the phase of exploration (1 April 1988 to 31 March 1989).

Fertility Awareness (FA) is defined by us as, "Among the people, a physical recognition of fertility signs combined with an intelligent grasp of the biological processes and social relations of human reproduction".

FA enables individual couples to control their fertility voluntarily and autonomously. Because of the cyclical nature of women's fertility, Fertility Awareness Method (FAM) firstly entails daily observation for and interpretation of several symptoms relating to ovulation, notably the presence and quality of mucus, sensation of wetness, mid-cycle pain, etc. (Basal body temperature shift may be added, but is not absolutely necessary.) Secondly, sustained application of FAM requires committed co-operation of the male partner during the relatively few days of fertility to abstain from sexual intercourse or to use safe barrier contraceptives. The method may be used either to avoid or to help achieve conception and pregnancy.

We understand Fertility Awareness to be, first and foremost, a powerful medium to demystify reproductive science, and, secondly, an effective tool to help people to achieve birth control. It may be liberating to women only if set within a process of strong woman's organisation. This succeeds better when men are also involved in their own, linked organisational process and are not alienated. Engagement in struggle against oppression and exploitation in any form, personal and political, is an essential factor in creating the motivation for people to adopt and apply FAM effectively.

The Exploratory Phase of one year begins, at local level, with a cultural probe into people's beliefs and practices about fertility, reproduction and sexuality and proceeds through a series of feasibility exercises to build up teaching methods and materials. Beyond local level, an informal network of similarly concerned field workers and scientists (Resource Group) are being gathered for a series of workshops to consider and thrash out questions of practical and theoretical importance.

Reports of the various exercises and other papers generated within this programme will be available on request. In return we request comments and exchange of relevant experience from friends in field or laboratory.

The Programme is supported through a grant from the Ministry of Human Resources Development (Department of Women and Child Welfare).

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1.0 ABOUT THE PROBE

The following is a report of an exercise which we carried out in April '88 to probe into local people's ideas and practices related to fertility in a couple of villages near Kishore Bharati. The probe was intended as the first step in building a cultural basis for our work in Fertility Awareness Education, for which Kishore Bharati has received a programme development grant from the Ministry of Human Resources Development*.

The specific aims of this probe were

- 1) To identify and probe into existing indigenous beliefs and practices related to fertility, reproduction and sexuality
- 2) To get acquainted with local words and **idioms** used to express these beliefs and describe practices,
- 3) To assess people's acceptance of and openness to discuss such matters, and the nature of the hesitations they may have,
- 4) To identify related problems (of women particularly) including gynaecological complaints and power relations between sexes (both of which might vary with economic class).

The purpose of the exercise was to know from the people, not teach them at this stage. However, this was a point of confusion mostly from the people's side and had to be stated and restated by us in various ways from time to time to make the point.

In the less familiar village Tindwara, rapport building was an additional aim whereas in Palia Piparia village, the probe benefitted by years of prior acquaintance and an existing women's organisation.

* Through the Department of Women and Child Development under the Scheme for "Educational Work to Prevent Atrocities against Women".

Since this probe was conducted to identify rather than quantify at this stage, a large sample of respondents was not sought. It was not necessarily representative of all beliefs. Wide variation was occasionally noted between individuals and economic caste or religious groups. Finding women who knew more and would communicate more openly was often a hit-or-miss affair.

The probe was done in three phases:

1st PHASE (Four Days)

We first talked to Pyari Bai and Dropti Bai of Palia Piparia village at Kishore Bharati for almost four hours daily for four days. We ran through all the questions with them.

The main purpose of having these first discussions was to get a preliminary acquaintance with

- beliefs,
- practices, and
- terminology.

Another purpose was to explore with Dropti and Pyari the ways in which questions about delicate topics can be asked so that they are least embarrassing to the women and us, as well as inviting understanding and response. We also prepared Dropti and Pyari to ask questions on our behalf to other women and to assist us in understanding their answers.

2nd PHASE (Two Weeks)

We then moved the venue of interaction to village Tindwara. This village was chosen as it is nearby and thereby convenient to reach for repeated interviews. It is a village where we expect to be working later on in the programme, particularly for feasibility exercises in fertility awareness education. The village consists of less than one hundred households, or a population of roughly five hundred. The communities well represented are Chamar, Gond ("Thakur"), Kotwar, Goojar and Brahmin. We adopted no particular method of sample selection

other than placing emphasis on visits to poor, harijan (Chamar and Basod) and adivasi (Gond) household clusters. The women who became involved in the discussion were gathered by just going into a 'Mohalla' and seeing where we could "make friends". Therefore, the resulting sample was not even random but selected those whom we met first or those who were attracted to us. We could not even go to every mohalla for lack of time, ultimately.

The discussions were held in groups. The size of a group varied from around fifteen or twenty down to only two. Most of the discussion groups were restricted to or dominated by participation of a particular caste populating the mohalla (This was particularly seen in the case of the Chamar and Thakur* mohallas).

3rd PHASE (One Week)

We now decided that such discussions of intimate topics in an unfamiliar village have serious limitations and also privacy from men and children is difficult to achieve. So we shifted our venue back to Kishore Bharati and took Dropti's and Pyari's help in gathering a selected group of elder women from village Palia Piparia for the last round of about five sessions. Palia Piparia differs somewhat from Tindwara in size and composition. It is three times the size of Tindwara. The communities with the most members are the Gonds, Rajhars, Kahars, Muslims, Kotwars and Brahmins, although about a dozen other castes are represented in smaller numbers, including just a few harijan households (Chamar and Basod). A major difference from Tindwara is the representation of Muslims, Kahars and Rajhar tribals. Otherwise, the general pattern of power structure, labour relations and cultural life is similar. Many traditions are shared even between Muslims and Hindus, between Adivasis and others, and between upper and lower castes. The size of the group interviewed varied from two to seven in most of these sessions, the women who gathered were Muslims, Kahar, Kotwar

* 'Thakur' - Gond Adivasi, also known as 'Bhoi'.

and Baretha. Participation of others was restricted due to marriages happening at that time, following upon the harvest season.

DIFFICULTIES IN DISCUSSION

- Women were hesitant to answer questions because they thought we were already knowledgeable about these things and it was difficult for them to understand our need for asking questions for which, according to them, we already had answers.

- Women were busy, first with the wheat harvest ('chaith'), and it was difficult to meet them during the day. Hence, we had to limit our survey to the nights, this in turn limiting our survey hours; however, even arranging discussions at night sometimes proved to be difficult as harvesting and threshing might continue into or throughout the night. The harvest was followed by marriages.

- It became difficult or impossible to find a separate place away from men and children for necessary privacy. In the Thakur mohalla, where we faced a lot of problems, we sought the advice of the women to get more privacy. After some thought, they suggested the "Bakhar" (Raj Gond family house), and thus the problem was partially overcome.

- Men were both curious and suspicious about the discussions with the women. They often appeared to feel threatened. This reaction seemed to be more typical among the more well-off Gujars and less pronounced but not absent, or perhaps unexpressed, among the generally poorer Chamars and Thakur adivasis*. A few complaints regarding our visits were also made by some men to the village Kotwar. A talk with the Kotwar eased the situation as he promised to try to clear up the misunderstandings about our objectives.

This demonstrated the importance of communication with men, a point which women also brought up and stressed occasionally.

* This showing a specific differentiation along caste/class lines.

- In Tindwara the people were more interested in issues relating to Sangathan (organisation), water, medical facilities. The need for a programme relating to 'fertility awareness' (however we explained it) seemed more far-fetched. However, we could see a marked contrast in this regard among the women in Palia Piparia who already had experience of organising and dealing with the above mentioned problems and could more easily accept and relate to the purpose of our probe.

- The difficulty of establishing sufficient rapport with women and with the background community in Tindwara, as we came to realise, was a problem really extraneous to the main aims of the exercise. It was a mistake to have taken up an unfamiliar village for deeper and intimate exploration, despite the villagers' urge on the whole to be friendly. The basis of faith and familiarity from years of close contacts was absent in Tindwara. When we shifted to discussions with selected elder women from Palia Piparia, there was a marked difference in the quality and quantity of information gained from them.

- The large size of a group caused problems because the group tended to split into sub-groups and thus leading to distraction and uneven participations. The ideal size was three to five or so.

2.0 THE QUESTIONS WE ASKED

The discussions were conducted in series when possible, with sets of questions grouped under sub-topics.

1st INTERVIEW: HAVING CHILDREN (General)

- Why do we have children?
- Where do they come from?
- How do they begin?
- What is the man's role?
- What is the woman's role?
- Does anyone/anything else also have a role? (God, devi - devtas, spirits, magic, fate)
- Why do some not have children?

- Why do some have many children?
- Why do children die?
- What do you feel is the ideal size of a family?
- Of what sex would you prefer your children to be? Why?
- Is there any way you can determine the sex of your child?

2nd INTERVIEW: BREAST FEEDING

- What about breast feeding?
- Is breast milk good for babies?
- Is it ever bad? When? How?
- How long have you continued to breast-feed your children?
- Did you have any difficulties?
- What about bottle feeding or feeding top milk? What differences does it make?
- Besides feeding the child, does breast feeding have any other benefit for the mother? For the child?
- How many times a day and night should a child be fed?
- Give detail of how to breast-feed, especially if the mother is inexperienced, how is breast feeding best started and maintained.
- Should the child be fed anything else besides mother's milk? Upto what age should the child be given only mother's milk?
- At what age should weaning begin? Any reasons?
- Is breast feeding preferable to bottle feeding or vice-versa? Why? (positive and negative aspects of both).

3rd INTERVIEW: MENSTRUATION

- What about menstruation?
- What does it mean? Why does it happen?
- How long should it last? How frequent should it be?
- What should the flow be like?

- Is pain and discomfort normal? (Explain what you know from experience of self/acquaintances)
- What should be used to take care of the flow?
- What about bathing?
- What difficulties do you have during these days?
- What "do's" and "don'ts" do you follow during these days?
- What is supposed to happen when any one of these is not observed?
- Where does the flow come from?
- What is contained in the menstrual flow?
- Is this substance bad or good?
(if bad, does it have any good uses?)
(if good, does it have any bad uses?)
- What does menstruation have to do with giving birth to children?
- At what age does menstruation start?
(Describe your first menstruation experience)
- Is anything special done when a girl gets her first menstruation?
- What causes menstruation to stop temporarily?
- When and why does menstruation stop permanently?
- What abnormal variations in vaginal bleeding do you know of?
- Describe people's beliefs about these, and the consequences to the woman.
- What causes these abnormalities?

4th INTERVIEW: VAGINAL DISCHARGE

- Did you ever notice a feeling like menstruation but saw that it was only 'water' or 'dhat'?
- Have you noticed this at any particular time after the menstrual period was over?

- What kinds of 'dhat' or 'pani' have you experienced?
List, in detail.
- What have you thought about it?
- Were you ever afraid that it was bad or a disease? or
did you think it was normal?
- What do you think this means?
- Have you ever heard others talk about 'pani' or 'dhat'
like this? :
- Have you ever felt any special feelings in your body when
you noticed a certain kind of discharge?
- Do you find a difference in discharge from the slippery
'pani' which may get produced at the time of relating
with a man?
- What did you feel about the feelings you felt? Were they
good or bad? Why do you think you felt then? (Where did
the feelings come from?)
- When 'dhat' is an illness, then what is the cause,
treatment?
- Have you spent anything (money) on it? How much?
- When was the first time you noticed the discharge? At
what age?
- What were your individual reactions when you felt this?
- Is there any link, between menstruation and 'dhat' or
'pani'?
- Does any discharge occur during pregnancy? During
lactation? (Describe)
- Does the discharge cause you any problem? Any discomfort?
(pain, cramps, etc). Describe in detail.
- What do you think is the cause of this discharge?
- Is any of the discharge in any way related to fertility
or pregnancy?

- Is there a regular monthly pattern?
- Have you noticed this discharge in animals? Which animal? When?

5th INTERVIEW: SEXUAL RELATIONS

- What is your experience of sexual relations (explain situation in life, briefly, e.g. married, unmarried, separated or widowed, etc)?
- Under ordinary situations does a couple relate sexually because of the desire of both or only of one (Explain)?
- How and when do sexual relations begin for a young married couple?
- What is the response of the girl to this experience?
- What is the response of the boy to this experience?
- What do the rest of the family feel about these relations? Are there any restrictions imposed? If yes, what are they and why?
- Does frequency of sexual relations of couples change with age? How?
- Does feeling change with age?
- What are the reasons for these changes?
- Do ordinary people have sexual relations because they want it, or because they have to (social pressure), or because they want children? Or do they try to control the other this way, like men control women?
- Do women you know fear sexual relations?
Not at all; Sometimes (specify); All of the time (why?)
- When did you first get to know about sexual relations?
How?
- Is it okay to have sexual relations during menstruation?
Why?
- When Pregnant? After delivery?
- Discuss instances you know of pregnancy out of marriage and what happened?

6th INTERVIEW: ABORTION AND INFANTICIDE

- What do you think could be the causes of spontaneous abortion? (Early, late)
- Describe some experience of spontaneous abortion that you know about? Did it cause any danger to the women?
- Have you known of any woman successfully aborting an early or late pregnancy? Would you describe this?
- How was it done?
- Did anyone give her advice or help her to do it? Who? Where? (Confidential)
- Was anything asked, paid/given in return for this service? If so, what or how much?
- Do you know what methods can be used to abort a fetus?
- Upto what stage of pregnancy is it safe to have an abortion?
- What are the reasons for women to abort pregnancies?
- Do you know, of any woman who has got into serious trouble, died or nearly died because of trying to abort a pregnancy or who tried to commit suicide because of unwanted pregnancy?
- Do you know of any case where a new born child has been finished off in any manner? How and why?
- What do people feel about this?
- What was the sex of the child?
- What methods have been used resulting in the death of the infant? Are these deaths (or births) reported at all?
- Do you know about 'amniocentesis'?
- What do you feel about it?

7th INTERVIEW: CONTRACEPTION AND STERILIZATION

- In your experience, do you feel that people, at any time or any age, try to reduce the number of children born? When do they try?
- How do they try?
- Are they successful?
- What methods of birth control do you know of and how would you rate them (best to worst) --1,2,3,4, etc.?

RATING

Effectiveness/Least Hazardous

Total Abstinence

Woman's Operation:

(by hand)

(Laparoscopic)

Man's Operation:

Nirodh

Tablets

Injection (Net-en)

Deshi Medicine

Leave it to chance

Count days (Rhythm)

Watch Mucus (O M)

Abortion: Indigenous
Hospital

Infanticide

Others

- What way would you prefer?
- Should the partner know if birth control is being practiced?
- What should be the man's role in birth control?
- What should the woman's role be?
- When is birth control usually practiced? (age of the woman, after how many children, how soon after pregnancy, etc)
- By what kind of people?
- What is your or your husband's experience with Nirodh?
- Is Nirodh easily available? Where?
- Do you know of any people who have been sterilized?
- Why do people get sterilized?
- Is there any preference for male/female sterilizations?
- Are there any dangers to the person being sterilized?
- Can sterilizations be reversed?

3.0 FINDINGS

The attitude and extent of group participation, will be discussed separately towards the end of our report.

In the following sub-sections we will focus on the beliefs and practices as the women reported them.

3.1 HAVING CHILDREN (General)

We started asking about how people see the need for children and having or not having children. Firstly, the aim was to trigger off the discussion since this topic was comparatively harmless and less delicate than the ones to come. Secondly, through the discussion one could get a feel of the group, its extent of participation, inhibitions, if any. Thirdly, of course, through the discussion one could find out the significance attached to childbirth, sterility, and the taboos and stigmas attached to such phenomena. Having children or not having them is ultimately always due to "God's wish",

according to all the women. God ("who is above", they say, indicating the sky) is the decision making authority, while human beings are only instruments to implement this decision. They agreed that, at times, there could be some fault in the men or women which could be corrected by medical intervention, but still, after this correction whether or not the couple will have children is decided by God. Thus, sometimes by making some offerings to God one could be favoured with children or even with sons, if desired. Among the faults in human beings which could be corrected were the uterus being tilted or the mouth of the uterus being closed in case of a woman, while they could not state specifically the faults that could be corrected in men.

About why one should have children, there was a universal opinion that "they are necessary because they support us in our old age". They carry on the name of the family. If one dies, s/he leaves behind personal identity by means of children. Also, it is a great pleasure just to have children, in itself. Children are themselves a wealth; one doesn't first ask you how much money or material wealth you own, but always first how many children you have. If you own lots of material wealth, it has no value if you don't have children.

Regarding the sex of the children and their number, again it was nearly unanimously stated that two sons and one daughter are desirable. Sons are necessary because they stay with you throughout your life. It is believed that if a son pours a little water in your mouth just before your death, your soul will rest in peace. There should be two sons because the second will substitute if something happens to first. One daughter is necessary, because she makes the picture complete. The sons should have a sister, who will tie 'rakhi' to them, as if to give them a sense of being her protector is the main point and necessity. Among Hindus "Kanyadaan" (or giving away of a daughter in marriage) is considered to be "punya" (a sacred duty) and thus a daughter is essential to earn spiritual credit. But it was repeatedly evident in all caste and religious groups that bearing sons was of more

immediate importance than bearing daughters. A husband would remarry if the first wife did not produce any sons, but it wouldn't be ^{the} case if the first wife did not produce daughters. It is also believed, that some women can start bearing children only when they see the face of their "Saut" (the second wife of the husband). A justification indeed, this is, for the husband to remarry! Such women were supposed to have "Saut Koonkh", a womb which functions only after the second wife comes into the household.

A small family, with 3 children, was preferred mainly for financial reasons. Raising children, getting them married is getting to be more and more expensive these days. Still this is a recent preference over a larger number of children, and it seems that the government-sponsored "small family norm" has in fact made a large dent in the modern rural ethos.

Discussions about the formation and growth of a child in the womb was lively. Some women's detailed responses were individualistic but usually they expressed a general belief. Man's semen ('virya' or 'pani') is understood to be the source of "seed" which is sown into the woman's body likened to the "earth" or soil. The seed grows and thus a child is formed. But it is also understood that the child gets formed materially from the blood which accumulates due to the ceasing of menstruation for ten months. A seed initially needs wet soil to germinate and hence the immediate wetness (of the lubricating fluid) produced by the women during sexual arousal and intercourse was explained. One woman described her idea that the fetus develops initially within an egg form - similar to a bird's egg. Then slowly, as the hands and feet begin to move about, the egg bursts and the woman can feel the movements of the fetus.

A goddess called "Be-mata" is symbolically held responsible for the moulding of the child from clay, including the choice of sex. Be-mata on this occasion becomes a double goddess, at once both mother-in-law and her daughter-in-law. The two together set

off on the mission of sex-determination. The daughter-in-law usually likes the job and with skill she rolls a little bit of mud between her thumb and forefinger, attaching it to the fetus which thus becomes a son. But the mother-in-law might be in a hurry and often gets angry with the daughter-in-law for wasting time. Then, she strikes the fetus with an hoe or axe she carries, and thus a slit or hole is hastily formed which results in the fetus becoming a girl. Here also, it is clear, that the male sex is the first formed, as if by preference. The formation of the female sex is a job of less skill and could be finished in a hurry or perhaps by accident even.

What we know as "stretch marks" on a woman's body also have a story behind them, implicating Be-mata. A woman is never supposed to fall asleep too soundly after delivery because the infant might be neglected. But most women fall into deep sleep from exhaustion. Be-mata comes in to wake them up, scratching with her nails, on breasts, thighs and stomach. These marks remain on a woman's body throughout her life. Also, we were told, Be-mata usually scratches girls at the time of their first menstruation (menarche), leaving parallel linear marks on the breasts and the arms or thighs. Since both these events (first menstruation and the event of childbirth) are important turning points for a woman, the marks serve as warning from Be-mata for her to stay alert. However, we recognise these marks merely as resulting from the periods of rapid body growth during puberty and pregnancy and decline from drawing any cultural lesson from them!

There are reportedly seven goddesses called "Maili" which are responsible for the balances/imbbalances and normal/abnormal functioning of a woman's menstrual cycle, her childbearing function and for the diseases in her children. However, when we repeatedly inquired, we ended up with a list of more than seven "Mailis", as follows:

Koonkh Maili - responsible for proper menstruation, a healthy womb and having healthy children and good milk output from the breasts.

Bukar Maili - causes children who are apparently fat and healthy to weaken and die (? Kwashiorkor).

Sukhi Maili - causes children to grow thin, "dry up" and often die (? Marasmus).

Goomiye Maili - causes children to get all sorts of swellings all over the body.

Khatai Maili - causes small ulcerations all over the body.

Saili Maili - causes children to smell bad and fall sick.

Chhan Maili - waits until a child grows up before taking its' life through illness.

Udnav Maili - involved in causing infertility in women, also possibly called Banjh Maili.

Koonkh Maili is quite fickle and moody. If she gets angry for some reason she can take the life of children by means of certain kinds of diseases. Some contemporary popular myths have grown up among the people in protest against some of the modern technological innovations which are enforced by Government policy. Like the story of an old woman (Dharti Mata or "Earth Mother") revealing in agony the burned out hole in her belly, caused by scorching from chemical fertilizers, there is another story of Be-mata, who calls travellers on the road to help her lift a large boulder. The travellers are then horrified to witness under the boulder the scurrying about of hundreds of very small children who have been trapped, prevented from being born because of the Government Family Planning drive for sterilization, while Be-mata wails about the fix she is in!

Manifestation of certain patriarchal values in these beliefs struck us during these discussions. The decision of whether a child is to be born in the first place is made by 'Bhagwan' or 'Khuda', God, who is essentially a "He". The implementation of this decision - the technical details involved like sex-determina-

tion, shape and likeness, giving form to diseases in children, etc. are carried out by goddesses who are "She". Sometimes, these goddesses seem to have an entirely independent identity, as if they could be vestiges of an different time, possibly a once-matriarchal society.

It is also believed that women can have particularly evil minds and they can harm your children if they pick them up or touch them. This is called "dhakka marna". It only happens because of women, never because of men. Men may practice outright magic, but it is different from "dhakka marna".

"Saut Koonkh", too, seems to be a good justification cooked up for a man to marry another wife. That there is no specific knowledge as to what are the faults in men in case of sterility is also an indication of the belief that usually the woman would be at fault and not the man.

These specific observations of a patriarchal slant to beliefs and practices are expected to be helpful later on in planning our educational approach with regard to awareness generation for women to gain control over their bodies and their reproductive power.

3.2 BREAST FEEDING AND LACTATION

The emphasis of our questions was on the cultural and practical significance of breast-feeding and its possible link with fertility itself.

Mother's milk was supposed to be best for the child unless proven otherwise. Some children fail to thrive and lose weight while breast feeding. Such infants would be switched to the milk of cow, goat or buffalo, or perhaps some other conveniently lactating women in the family or neighbourhood might be persuaded to feed the child. A frequent cause for loss of weight in newborn is "thick milk". If a woman produces thick milk once, she is likely to produce the same kind of milk after all her deliveries.

An interesting phenomenon was described by women regarding when children started being breast-fed. The common practice is to start breast-feeding from the first day itself, but we were told that some children just refuse to suck milk during the first few days. Such an infant, known as "achhopi bachha", is said to be hypersensitive to filth and waits to feed until the ritual cleaning and purifying of the birthing room some five or so days after the delivery, a process known as "soodak uthna". The child in such cases may go without any other feed or water, or may be given some honey or some top milk or water. It is believed that the child can remain alive without anything for these days if its "jubadiya" (potential for survival) is strong. Most of the women said they believed that such a child survives as a general rule even in hot weather. After delivery, a hot thick liquid called "Hareera" which is made of jaggery, ghee, dry ginger, khas seeds and other nutritional ingredients is given to the mother to drink for several days. Hareera^{is}/supposed to increase her milk and help her to regain strength. Eating wheat porridge with milk ("Doodh-daliya") is also supposed to encourage lactation. Till "Soodak uthna" takes place, an attempt is made to feed the mother only with Hareera. Subsequently, she starts eating solid foods. It is believed that if the mother's first meal is a good square one, the child will thereafter be able to digest her milk, no matter what she eats during the remainder of the lactating period.

One difficulty faced in establishing breast feeding is thick milk which refuses to come out of the breast and nipple. It is coaxed out by messaging with a particular technique. Smooth flow out of the nipples is ensured by making a roll of dough ("ate ki loi") and rubbing it around and over the nipples before the first feeding. This clears out dried secretions plugging the ducts of the nipple so that the new milk can flow out freely. It is said that seven ducts open out on each nipple. Hence, the phrase "Sat saukon ka dudh" refers specifically to mother's milk.

A tuber of a plant called "Narbodh" (Sk. Satavar) may be cooked with milk and porridge and given to the mother to increase the milk output. A couple of women said that an earthworm may be crushed and consumed with milk as a sure way to increase milk output, in desperate situations, but this distressed the other women who insisted that a woman could not bring herself to do this!

Apparently in these interviews, no link was clearly realised to exist between duration of lactating period and delay of the next pregnancy. A lactating woman can get her periods anywhere between 3 months to 3 years after delivery. It was noticed, however, that death of any infant, with cessation of lactation, is usually followed quite soon by the next pregnancy.

The duration of lactation, is usually till the next child is born. Once the woman reaches three to four months into the next pregnancy, she stops feeding the previous child. The last child is usually fed much longer at the breast, upto 5 years or more.

As long as a child is being breast-fed, it is usually not given water. Water usually starts being given when the child begins to eat solid foods, and there is no specific age for this. It usually happens that around one year or so of age, the child starts snatching food from the plate of an elder and it is given what it wants.

Some women believed that no goddess (maili) was involved for the production of breast milk while some believed that "Koonkh maili" influenced breast-feeding too. (This goddess is mainly responsible for regular healthy menstruation.) We asked women whether they felt there would be a difference in the frequency of breast feeding female and male infants. They emphatically felt that a mother would not differentiate by choice.

We had the feeling that, given more time, we could uncover more beliefs and practices about breast milk and lactation. For

our future purposes, we must investigate the practical aspects of lactation relating to return of fertility after childbirth, and the interrelated factors of the women's and the child's nutrition and frequency of breast feeding especially, in women working outside the home.

3.3 MENSTRUATION

From harmless topics like 'Having and not having children' and 'Mother's Milk', we began moving towards more delicate topics now.

The age for a girl to start menstruating should be around fourteen years, though the women said that nowadays girls have started menstruating at an earlier age, around twelve years. They said this in contempt. Explaining that menstruation indicates when a girl is ready to indulge in sexual intercourse, the women commented that the girls of today are "in a hurry for everything". On the other hand, if a girl crosses fourteen without menstruating, it is a source of considerable worry that something is not right inside of her.

The ideal duration of menstruation is supposed to be five days. Rarely, it may extend to seven or eight days. It is believed that if a girl facing her first menstruation (menarche) daubs three dots on the wall with her menstrual blood (or cowdung) and cuts a line through the middle one (), then she can finish menstruation in $2\frac{1}{2}$ days in all her subsequent periods. Of course, this depends on the alertness of the elders at home who may instruct her, and does not seem to be a regular practice.

The monthly cycle is reported to be usually of 30 days. But one couldn't really find out much about "regularity" of cycles because a girl is married off so soon after or sometimes even before menarche, and early pregnancy is usual. The pregnancies, too, tend to follow in succession with only a few menstrual cycles before the next pregnancy. It was well known that a woman

may get pregnant again, even before she menstruates after the previous childbirth, but this was a great mystery to the women. Such a child, born without the mother menstruating even once is called "tam ka bachha", and is supposed to be prone to attract the strike of lightning. They are therefore made to wear a bracelet of five metals to ward off this danger, and such a pregnant woman must stay indoors during a storm.

Pain or discomfort during periods (dysmenorrhea) seems to be common. It can be very bad, even with "fever", at times. There was no remedy stated to take care of it, and women usually suffer in silence. Women were advised not to rest but to keep active to forget the pain. To manage the the flow, pieces of old cloth are usually used, particularly old torn discarded clothes of the children, or other rags. Some women don't use anything except the sari (Kaanch) tied between the legs and wash the stain while managing to bathe twice a day. They take care that stains on their sarees are not visible. A woman whose stains show is judged to be careless and is looked down upon.

Segregation during menstruation is common although much less among Muslims. Women are not supposed to enter the kitchen, nor touch earthenware pots and vessels of kansa (an alloy of lead and copper), cow dung and water. They can touch brass vessels, though. If the menstruating woman is also lactating and thus cannot avoid touching her child, then nobody else touches that child. Segregation is rather strictly followed. It is believed that, if a woman touches a man or anybody else during this period, some trouble will follow, usually a health hazard, possibly for her as well as for the person whom she has touched. A code phrase to indicate that the woman is menstruating is "ooncha chauka", which means that the kitchen is high and she being outside she cannot climb up to it, or that the husband or some other family member is cooking. A woman starts working in the kitchen only when she has washed her hair with fine clay on the fifth day. Washing hair before the fifth day is supposed to cause irregular cycles.

Generally, menstruation is considered to be foul, filthy and shameful. The blood is believed to be the dirty blood in woman's body which has to be flushed from time to time. After marriage, this dirty blood also contains wasted semen in it, the semen which has entered the uterus but has not caused pregnancy, and has to be cast out. When asked whether did men not need such a flushing system, they exclaimed that thro' ejaculation men get flushed out almost daily. But menstrual blood was dirty while semen was not, because semen could be more easily washed and in addition, unlike the menstrual blood which flows for several days, semen emerges only briefly, even if repeatedly.

If someone else sees menstrual blood the woman is blamed and may even be punished or condemned for it. Thus menstrual blood seems to have an evil and sinister quality, too.

Knowledge about menstruation among girls is usually acquired from the talk overheard from the elder women or from friends who have already started menstruating or it is incidentally observed while going with other women to the fields for defecation.

However, many women, did not know anything before they started menstruating. The immediate reaction was often fear and even horror. Only then might the elders tell them about it. No adult talks directly about such things to girls in advance. But the women stated that the girls today know everything beforehand and are much smarter (with a negative connotation). The snap answer to "Why and how are they becoming smarter?" is that it is "Kalyug" now, so such things are bound to happen!

It was interesting here also, to know how quite a few women conveyed an idea of menstruation through an analogy in nature. They considered menstruation to be the product of a flower (phool) which blossoms and casts off its red petals after maturity. "Unless there is a flower, there cannot be a fruit", similarly unless a girl menstruates she will not bear children and hence menstruation was symbolically taken to be the casting

off the flower. "Phool" is also sometimes used to mean the uterus itself, particularly when it becomes visible in case of a woman with a prolapsed uterus, a rather familiar condition expressed commonly as "her 'phool' has come out". (One woman also referred to the sensitive clitoris as "phool".)

The interesting thing about the use of the "phool" image for menstruation is its apparent freedom from the attitude of filth and shame common in the previous prevalent beliefs and practices. Perhaps, it is a remnant of an earlier non-patriarchal social order, and has persisted because these people are still not removed from the forest and grand indigenous fruit trees like the "Semra" (silk cotton), "Mohua" and "Aam" where a proportion of the flowers do become fruits in a majestic cycle of natural reproduction.

3.4 VAGINAL DISCHARGE

Vaginal discharge other than blood is generally known as "dhat". Dhat may be of various types, as follow:

Colour: White, yellow or greenish
Quantity: Widely variable
Consistency: Thick ("naino ghain", or like thick cream), Watery ("chuna pani" or lime water), Mucoid ("laronda ghain" or like children's saliva drooling), Curdy ("mahi ghain", like buttermilk), Purulent (containing pus).

The latter two types are likely to be accompanied by burning discomfort or pain. The earlier types are supposed to cause "weakness", especially the "chuna pani" type which is supposed to be due to seepage (of calcium?) from the bones ("haddiyan chhan jati hain").

In general, dhat was so linked with weakness that it was almost synonymous. Without exception, women said that dhat "causes" weakness. All women have it, hence, all women are weak.

We were especially interested to know whether any women would have recognised regular changes in the pattern of "dhat", after and before menstruation. Nearly all the women said that there was no pattern particularly. However, after some probing, two women, our guide Pyari Bai and Karobai of Tindwara, said that they noticed wet, saliva-like, sometimes stretchy and clean discharge which they preferred to call "pani" post-menstrually and a day or two pre-menstrually. Pyari (who is three years into menopause) recalled that this pani comes a few days "after head bath" while Karobai said that with her it came around 10 days after her period ended, followed by dryness or other type of dhat until just before her period regularly comes two weeks later. Karo said that she had previously not thought much about it, but since she and her husband use a form of "Rhythm" for birth control entailing abstinence (or external ejaculation) for fifteen days after head bath (the first 20 days of her normally 30-day cycle), she had noticed often with curiosity that the saliva-like "pani" appeared and disappeared in this time. The couple has managed to have only two well spaced sons, to the wonder and envy of other villagers, thanks considerably to the regularity of her cycles.

Experience of another clear, slippery, also somewhat saliva-like, lubricating fluid appearing "down below" at the time of sexual arousal in anticipation of sexual intercourse was also widely acknowledged. Pyari, Karo and Dropti (who had previously learned to distinguish her own regular mucus pattern) realised the difference between this immediate type of secretory response and the more continuous type of mucus discharge lasting usually for a few days. But most women were confused by this discussion.

A saliva-like discharge in certain female animals, like cows, buffaloes and goats, called "Kanch" or "Jhiria", is noticed when the animal is "in heat". This is felt to be due to arousal. Since previously we had hastily concluded that this known phenomenon in animals is due to mucus flow from the uterine

carvix, we must study this significant aspect of comparative anatomy and physiology more carefully. "Dhat" is not supposed to happen to animals, but is exclusive to human beings.

Dhat is usually noticed after marriage and more so after childbirth. The feeling was that pre- and post-menarchal girls do not generally have "dhat". But since hardly any girls are unmarried when they begin menstruation, it could not be very clear whether or not dhat would be experienced by a menstruating girl before marriage. Dropti, whose daughter's marriage was delayed a few years, was emphatic that girls also experience dhat after puberty.

One woman said that dhat occurred in men also, who passes it along with urine, which is also a sign of weakness. This dhat appears to be semen but we are not sure.

Despite dhat being primarily a symptom and cause of weakness, some women said that it usually stops after menopause and that it is mainly a feature of the child-bearing age range in women.

Erosion of bones producing dhat and leading to weakness makes women more prone than men to other diseases, too.

A discharge called "Pakav" was stated common to all women during pregnancy. This information was Pyari Bai's individual contribution, however; she insisted that pakav is not dhat, but a secretion which is due to the "ripening" of the child (like a fruit) in the womb.

Dhat is rarely treated by medical intervention among these rural women. In case severe discomfort or pain, numbness of limbs, etc., accompanying a heavy discharge, only then, sometimes, an attempt is made to do something about it. The root of an herb shown to us, the name of which is not known, which grows under mango or mahua trees is mixed with milk^{and} eaten for relief. The red flower "jasond", also used in bleeding disorders, is sometimes consumed to cure "dhat". But in general, these women

considered ordinary dhat an inevitable part of being a woman, irrespective of the food you eat or the type of work you do, and hence they give it little importance.

Here again, we find the hold or patriarchal society influencing women's own attitude towards such a common feature of theirs. It is almost unanimously accepted that women are weak and prone to sickness, so that no special consideration is given to this fact. Women are weak; the question "why" seems to be totally irrelevant, but should one ask, the answer is ready - dhat!

3.5 SEXUAL RELATIONS

There were far fewer irhibitions to talk about this subject than we had expected. When men and children were around, it is true that the women would not speak, but if a suitable protected place could be arranged, the responses were very open, the women seeming to enjoy the sharing a lot, too. We did not feel any tendency towards vulgarity. On the contrary, there was concern. We started asking about the experience of young newly married couples. Most women drew from their own experience, or their children's. Especially in their own case, marriage had often taken place before first menstruation.

Once the girl starts menstruating, the mother-in-law is likely to decide when she should sleep with the husband. Since both may be innocent, this may take coaxing and arranging. In case a girl still appears too immature even after menstruation, first sexual relations might not be pushed until the girl settles down in the family, or until she shows signs of attraction, and willingness ("us ka man dolne lagat hai"). In the first months or couple of years of marriage, a girl is usually returned to her parent's place frequently, and hence, the first physical relations with her husband may be delayed till she comes back for the third or fourth time. There is no general rule for or against the couple sleeping together on the night of the wedding. It is traditional in certain Muslim families with connections in cities

like Bhopal, where a virginity test (sending a bed with a white sheet along with the bride) is part of this ritual.

The bridegroom is usually supposed to be experienced to some degree. The women said that boys and young men learn about sex from friends' casual talk. There is no stigma, either, against experimenting if they get a chance with an unmarried girl of the village who may be willing. They said that there are always one or two girls like this available in the village, poor, who tend animal flocks or move about freely to fields or other place of employment. The bride is supposed to be inexperienced unless she is the flirtatious ("luchhi") type, having "bad" character. A bad woman is one whose sexual urges cannot remain in control and she satisfies them through means other than marriage. Most of the women felt that a woman would never initiate sex, although some of them agreed that she may feel like doing so. However, most women feared that explicit behaviour on a woman's part would arouse her husband's suspicion about her character. People feel that girls should be married off soon after or even before menarche to anticipate the awakening of sexual urges. Having these urges satisfied is essential to prevent girls from resorting to immoral behaviour. Hence, presence of strong sexual urge in woman was acknowledged, even exaggerated, perhaps, and the importance of establishing patriarchal control to "nip it in the bud", so to speak.

So the man is always is expected to take the initiative. The first experience was reported to have been painful and awkward by all women. But in a month or two they usually adapted and even came to enjoy physical relations. The frequency of relations is set by the demands of the man, to whom a woman must submit herself even if she doesn't want to. If she refuses, beating her is even justified. The frequency of intercourse is reported to decrease after childbirths and with age. Initially, it can be two to three times a night, nearly every night except during menstruation. After two or three children it reduces to

once a week or ten days. This is because, the woman becomes weaker after childbirth and disinterested or even dreading sexual intercourse due to fatigue and weakness or fear of pregnancy when her cycles return. Raising children and other household work, in addition to work outside the home/^{is}indeed a strenuous "double burden" for women. Added to this, privacy reduces with children growing up, another factor reducing the frequency of intercourse between the parents. Still, a man's will may prevail, and if the woman says "no" it might not make any difference. She submits rather than getting beaten for rejecting his advances.

During menstruation, however, intercourse is strictly prohibited. Not adhering to this rule is believed to cause serious illness to the couple. Abstinence is also advised on auspicious days like "Nav Durga", "Rishi Panchami", "Teej", "Shivratri", "Moharram" and "Ramzan". This is not strictly followed, though. During pregnancy, too, once the foetus/^{begins}moving it is not advisable to have intercourse. This is not for health reasons, but because it is supposed to be sinful for the man if his semen comes into contact with the foetus who may happen to be a daughter. This, too, is not always heeded, however.

Pyari Bai and an old Kahar woman, Tijjia, both said that on many occasions a woman will actively initiate sex with her husband. However, even the idea of being sexually attracted to another man was absolutely taboo.

About bleeding (from the hymen) at first intercourse all said that it should occur if the woman has never had sexual relations previously. If it doesn't, there is something suspicious about the girl's character. A Muslim woman Khatun Bi described a tradition among urban Muslims elaborating on their expectation of virginity. She now resides at Bhopal and had come on a visit to her paternal/maternal home ("peer" or "maika"). She said that along with the bride is sent a bed ("palang") with a white sheet ("chadar") to be used on the wedding night. If the girl is a virgin she must bleed, and the sheet gets stained.

The next day the stains are shown to her parents and relatives and only then food is taken by all. Khatun added that, especially these days, this practice has become very important because girls are becoming more "luchhi".

A response to one of our questions disturbed us a lot. When we asked how does a woman feel when sexual relations are forced against her wish (which amounts to 'rape' by our mind), the women laughed and exchanged looks for sometime, and then said that one feels angry in the beginning, "But once/^{it} goes inside, then it feels good" and all complaints disappear. Having no option/^{but} to give in, women must gain solace in realising that the man is so attracted, "cannot resist", so to speak. In a male-dominated society, the sex act can lend an important element of security to a woman. At another level, however, these women are implying that protest and anger are weaker than bare sexual desire. This is a delicate area which must be probed further as time goes on.

Both sexual foreplay and the occurrence of female orgasm were acknowledged in discussion with a very few women. When we asked whether a woman could communicate her physical need to her husband, one said, "only if he asks about it", significantly implying that there are husbands who are sensitive and concerned enough to ask. Another woman claimed, however, that the wife may even say to her husband, "Yours has gone cold, but mine is not cold yet" ("Tero thando pad go, mano mero thando nahi pado hai"). What she was referring to as "mine" in this case was in fact the clitoris, which she said may also be called "phool", as was confirmed with the use of diagram in a book of ours. Despite this much awareness and articulation, still, a knowledge of masturbation was entirely denied. Knowledge of homosexuality was also denied.

It is commonly believed that the first two-three days after menstruation are the best ones for conception. This is because the phool, in this case the uterus or womb is clean due to flushing out of the bad blood and is ready to receive the seed

of the man. Therefore, there was a belief stated that if the man is at home, and still does not have intercourse with his wife during these days, he is not performing his duty. The underlying belief perpetuated is that producing children is woman's primary function, and hence woman should be put into the pregnant state as often as possible. The maximum number of full term pregnancies was reported by Jhuniya Bai, healthy and around fifty-five, who had given birth to sixteen and had eight surviving.

3.6 CONTRACEPTION AND STERILIZATION

The only contraceptives heard of were the loop and the condom ("Nirodh" or "Chunga"). Nirodh was considered awkward by men and unreliable by women, and also was not generally available, and woman did not have any control over its use. The very few women who had experience with the loop had suffered from pain and bleeding and got it removed. It was believed that the tribal Rajhar and Gond women drink Mohua liquor to prevent pregnancy. Alcohol is supposed to generate enough heat in the body to prevent conception.

Regarding sterilizations, women get operated more than men. Various reasons were offered. If a man's operation fails (which is not uncommon, and several examples were cited), the woman has to suffer suspicion of her being involved with someone else. "Operation" is supposed to cause "weakness". They said that since "men do more heavy work than women", it was better for women to undergo operations. (All the men who had been sterilized were operated during the Emergency period, over a decade ago.) It was also mentioned that after operation, the ejaculated fluid becomes thinner. The reason expressed was that semen gets filtered ("pani chhana jat").

Sterilization operations in women done currently are by laparoscope at the P.H.C. once a week by a trained team from Hoshangabad. Many women are resisting the pressure to get

operated and feel that the majority of women who get operated suffer afterwards from debility so that they can't cope with their ordinary tasks anymore, or they get some serious disease.

Withdrawal, or ejaculation outside the vagina ("pani bahar gira de"), was reported personally by one woman. The other woman said that this was possible only in her case because her husband was mild and obeyed her, unlike all other husbands. She and her husband (a farmer) also normally adhered to a form of rhythm, abstaining for fifteen days after the end of menstruation (5th day). They were successful, and had only two children, both now young men.

3.7 ABORTION AND INFANTICIDE

Spontaneous abortions are experienced by most women in their childbearing years. Abortions are rarely induced by active intervention of any sort. This is because the man's consent can almost never be obtained. A woman could possibly take steps to get an abortion done on her own if her pregnancy remains unknown to the husband. But for her to recognise the pregnancy early is especially difficult. Ordinarily women have little gap between two pregnancies and the periods may not occur at all (lactation amenorrhea) or may be irregular in this gap. Hence, if the woman does not have morning sickness she may not even detect the pregnancy till she starts feeling the foetus moving, in the fourth or fifth month! Since abortion is ordinarily advisable only up until the third month of pregnancy, this option may often hardly exist. However, all the women reported knowing of the use of taking some tablets in a packet available in the market. These are high dose estrogen-progesterone combination tablets. They are commonly used by women in the faith that they will bring on an overdue period by cleaning out whatever is inside the womb. This is a misconception, however, as the tablets do not cause abortion. (The cause for concern is that the tablets may cause defects in the child born.) One woman reported getting an unknown

injection for abortion given by a private practitioner at Bankheri. This injection had caused rapid abortion but had brought on immediate and long-term side-effects like back-ache, headache, and weakness.

An indigenous remedy for abortion was to grind up the root of a plant called "Bhatkachariya" (kantakari) along with clove (lavang) and drink it in tea made with jaggery and without milk. (Kantakari is known to be a rich source of steroid hormone.) This should be taken for five days. The woman does not expel the product of conception immediately, but starts getting her regular periods and through this blood itself the embryo is expelled. This medicine is supposed to "dissolve" the implanted foetus. After abortion occurs, the woman should drink buttermilk with jaggery ("gauras") for its cooling effect.

About the children born from pregnancy outside of marriage, many believe that they are killed by God himself in anger. But one of the women, said that if God doesn't do it, human beings would. Thus, infanticide was heard in cases of illegitimate pregnancies.

Selective female infanticide was denied. However, Pyari Bai had gone to Bihar (to participate in the Nari Mukti Sangharsh Sammelan) and heard from people in Patna that often when a girl is born the infant is killed immediately by stuffing salt down the child's throat. But they insisted that no such horrible practice exists in our area and new born children are treated equally by their mothers.

3.8 GYNAECCOLOGICAL CONDITIONS

Generally, disorders of menstruation involving heavy or continuous bleeding are known as "Pair ki bimari". A woman could get this disease if she does not follow the rules of segregation during menstruation properly or had hairbath in the middle of the five days. It could sometimes be the result of "totka" (black

magic) by another woman. We didn't go into much detail regarding the herbal treatment, although we heard it mentioned that "jasond ka phool", a red flower, was consumed. Other herbal medicines are also used without distinguishing the various possible physical causes of vaginal bleeding.

"Thanka" or burning while passing urine and pain in the bladder region, was another troublesome problem common in women. Other than "Thanka", incidence of sexually transmitted diseases like syphilis, and gonorrhea was unclear. Dhat could contain pus and be accompanied by abdominal pain and ulcers ("chhale").

We have already described in detail the fact that "dhat" itself is considered both cause and effect of disease (see Section 3.4) and such an intrinsic aspect of womanhood that it is hardly noticed unless life becomes unbearable.

4.0 PEOPLE'S ATTITUDE TO THE PROBE

As we mentioned earlier, the attitudes of women was almost entirely different between Tindwara and Palia Piparia villages and this was solely because of the difference in familiarity, the Palia Piparia women having been known to us personally for years.

So, in Tindwara, the first attitude of the women we contacted was of welcome entertainment relieving the usual monotony of life. Women and girls gathered initially just to see us and listen to our voices and occasionally to provoke or play a prank.

The next attitude was of hesitation to answer our questions. Firstly, they could not digest the idea, which we kept repeating, that we were really interested in learning from them about their beliefs, practices, and experiences. And since these were their total reality, they wondered, if we were women, too, why we didn't already know these things! Some of our questions appeared literally foolish, so therefore they were dumbfounded in the

beginning to answer simple (according to them) questions like, "Why do only women menstruate?" and, "Where does menstrual blood come from?". Then again, the expectation, in Tindwara only, that educated people like us should be teaching instead of learning from poor illiterate villagers like them.

The attitude of suspicion had various levels. The women's responses were occasionally guarded, trying to rate us with regard to the genuineness of our interest, and they asked personal questions to know whether we, too, led "normal" lives. Suspicion extended, particularly at the instance of the men after we would depart, to wondering what we were going to do with the notes we were taking. This refers to Seema's occasional recording of vocabulary, phrases and details not to be forgotten while Ashwini took the lead in questioning. A rumour was spread that Kishore Bharati would hand over all this information to the Government!

A very few women, especially one very old lady who was quite deaf, too, expressed an attitude of utter disgust. She couldn't understand why we asked these "dirty" questions (about menstruation) over and over. She was disappointed that we had not come to give medical relief, and she stomped out of that place grumbling loudly and discharging angry abuses back at us. The other woman by then, however, had understood us and encouraged us to ignore this incident.

At times, although fortunately this did not blow up, we felt an outright hostile attitude towards our activity. This was traced primarily to some men of the upper caste, more well-off farmer families who felt threatened by us simply entering and talking to their women. They overheard words like "operation" which gave them the impression that we were on a family planning trip, may be for the Government. In fact one man barged in at one point and loudly protested that, if we were interested in convincing women to get operated, why were wasting time talking to the old ones? We made a visit to the village Kotwal who informed Mira that a couple of men had complained. Fortunately

he was in a mood to understand when we explained our purpose, and said he'd clear up the misunderstanding with the men. Individually, a couple of women who initially had been very informative were threatened by their husbands and sons, and hence they literally shut up afterwards.

We did various things to deal with these distracting attitudes, and they were partially overcome. But the best solution for the purposes of this initial probe was found in shifting to consult known women in Palia Piparia village in whom these distractions were not a problem. Still, the most delicate questions, particularly about sexuality, we attempted only with a handful of women, sometimes individually.

But after enumerating all these negative and distracting attitudes, we are left with our overwhelming impression of how open the woman would become when the situation for talking was optimally conducive. They were more than ready to discuss topics regarding which even we felt some hesitation. They showed a great capacity for concentration and seriousness as well as light-hearted practicality and jest. In this particular group, there was little expression of shame, (or tendency to deny) perhaps with exception of the state of a menstruating woman, extramarital relations, acquiring illegal abortion or infanticide. This created a feeling in us that fertility awareness education would be well received, understood and utilised by most women, provided we evolve a proper approach.

C O N C L U S I O N

Still many of our questions remain partially answered or even unanswered. We suspect that we will gradually be able to uncover a lot more beliefs and practices which stayed unexpressed for a lot of different reasons. So the first decision we must take is to regard this probe as tentative and to maintain a habit of recording systematically as we proceed into the next steps of this programme.

The cultural matter uncovered by the probe should be used to inspire and enrich the building up of educational material and to plan the educational approach according to the people's base and conditions of daily life. For this purpose, we probably have collected enough for a good start.

Creative use of the symbols from nature, for example, which the woman have used to explain mysterious, largely unseen bodily functions, will be a challenge for us. But the pervading influence of patriarchy even in most of these symbols will occasionally cause us problems. For instance, the general belief in the powerful symbol of the plow and earth for man and woman's sexual and reproductive functions, implying that the "seed" is with the man only and the woman is merely the receiver and nurturer, must be confronted. Woman, in fact possesses half the seed in the form of the ovum! As it is, the plow and earth symbol is one of the most powerful tools culturally reinforcing patriarchal oppression of women in this and most other parts of our country.

The involvement of men from now onwards is of crucial importance. So far the story has been one-sided. The village women themselves have made this request. Although oppressive male-female power relations are all too evident, at the same time certain women reported directly or indirectly that their husbands are capable of fondness, concern and self-control. With more information, they could be expected to cooperate to the extent required for controlling the couple's fertility without resorting to sterilization. This is particularly to be expected if the programme gets adopted or supported by an organisation like the Mazdoor Sanghathan of Palia Piparia.

Avoiding sterilization was in fact a great motivation for women to listen to us, and many of them again and again returned our attention to this. Since we had not yet come to teach the method of fertility awareness, but to learn from them,

we held ourselves back. Since pressure is heavy on women get operated, the need to launch this alternative in a feasible manner is long overdue. The other set of women who are as highly motivated are young ones with a small child or want to have a hefty gap (spacing for three to five years) before having the next child. Whether we should teach the "limiters" and the "spacers" together or separately will be included in our first feasibility exercise to be conducted this June.

We wish to express gratitude to the women and girls of Tindwara and Palia Piparia villages who allowed us to probe their beliefs and experiences.

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